	Effective October 1, 2000 23076120110													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			54				RA	TE	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	355.00	OR	BASIC FEE	710.00	l	
TOTAL CHARGEABLE CLAIMS			54 minus 20=		· 34		X\$	9=		OR	X\$18=	42		
INDEPENDENT CLAIMS			minus 3 =		3		X4	0=		OR	X80=	240.	5	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				119	+135=					['	
* If the difference in column 1 is less than zero, enter "0" in column 2							TO			OR OR	TOTAL	1/67		
CLAIMS AS AMENDED - PART II									<u> </u>	Jon	OTHER	156X		
		(Column 1)	(Column 2)			(Column 3)	SMALL ENTITY			OR	SMALL ENTITY			
ENT A		CLAIMS REMAINING AFTER AMENDMENT.		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE	.	RATE	ADDI- TIONAL FEE	T	
AMENDMENT	Total	. 54	Minus	• 5	4.	- Ø	X\$	9=		OR	X\$18=	·		
ME	Independent	. 6	Minus	•••	co_	-10	X4	0=	2	OR	X80=			
	FIRST PRESE	NTATION OF M	ULTIPLE DE	ENDEN	T CLAIM		+13	5=		OR	+270=	,,		
			• •					OTAL	. 1	OR	. TOTAL		5	
•		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT.	, FEE	7] <u>``</u>	ADDIT, FEE		! .	
AMENOMENT B		CLAIMS . REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	iest Iber Ously	PRESENT EXTRA	RA	ΤĒ	ADDI- TIONAL FEE		RATE	ADDI. TANOIT FEE		
	Total	. 73+	Minus	· 5	4	-20	X\$	9-		OR	X\$18=	360-a		
AME	Independent	• 7	Minus	***	6	- 1	· X4)=	1	OR	X80=	84:0	1	
Ľ	HHST PHESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		+13	5=		OR	+270=	•	ŀ	
		•					ADDIT.	DTAL FFE		OR	TOTAL ADDIT, FEE		ŀ	
		(Column 1)		(Colu		(Column 3)				7			ľ ·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	!	
3	·Total	· 25	Minus	<i>• 7</i>	4	- Ø	XS	9=		OR	X\$18=	(; '		
ME	Independent	• 3	Minus	***	7	* Ø	X40)=		OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+270=	1:		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	- 		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														
•	The "Highest Nurs	aber Previously Pa	id For (Total o	rindepend	ent) is the	rignest number	r sound in t	ne ap;	oropnatio do:	K 137 00			l	

Application or Docket Number